COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 1999 - JUNE 30, 2000

1.   DEPARTMENT/COURT INFORMATION:

Department/Court: SHERIFF

Division/Unit: LAW ENFORCEMENT SERVICES

2.   VOLUNTEER PROGRAM BENEFITS:

a.   GENERAL VOLUNTEER (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol. 370	Hours 43,061	x	$14.83	=	638,594.63

Types of work performed by GENERAL VOLUNTEERS in this category: ISSUE HANDICAP

CITATIONS, ADDITIONAL EYES & EARS FOR FIELD DEPUTIES, MAKE YANA CALLS

b.   INSTITUTIONAL VOLUNTEER (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol	Hours	x	$14.83	=	

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

N/A

c.   SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity. These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.

Position	Hours	x	VCL	=	Dollar Benefit
		x		=	$

No. Vol	Total Hours		Total Value	$	

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

N/A

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d.   TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	No. of Volunteers	Hours	Dollar Benefit
2a:	370	43,061	$ 638,594.63
2b:			$
2c:			$
TOTALS	**370**	**43,061**	**$ 638,594.63**

3.   **DONATIONS TO VOLUNTEER PROGRAM:**

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items.   Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated	Value	Item Donated	Value
N/A	$		$
	$		$

TOTAL VALUE $____0____

4.   **VOLUNTEER PROGRAM COSTS:**

a.   Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours ___620___ x Rate $__30.50__ = $ __18,910.00__

b.   Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s).   This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours ___200___ x Rate $__14.83__ =   2,966.00
      ___100___   __30.50__ $ __3,050.00__

                                      $ 6016.00

c.   Other program costs (volunteer training materials/supplies, recognition costs, etc.):

Item	Cost
TRAINING	$3,500.00
UNIFORMS & EMERGENCY EQUIP.	$20,000.00
EQUIPMENT (RADIOS & VEHICLES, ETC.)	$102,000.00

TOTAL OF OTHER PROGRAM COSTS   = $ 125,500.00

d. TOTAL OF VOLUNTEER PROGRAM COST = $ 150,426.00
    (add 4a, 4b, and 4c)

5.   **NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:**

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) $ 638,594.63

b. Total of Donations to Volunteer Program, Item 3 (Page 2) $ 0

      ADD a + b $_____

c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3)   ($ 150,426.00   )

TOTAL PROGRAM BENEFIT $ 488,168.63

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6. **RECRUITING:**

Please describe your recruiting programs:

PUBLIC SERVICE ANNOUNCEMENTS; DISPLAYS AT COMMUNITY EVENTS, DEL MAR FAIR,

SENIOR CENTERS, WORD OF MOUTH

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

KIDS WATZ PROGRAMS?LOCATED SEVERAL MISSING PERSONS

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2000-01:**
Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

INCREASE NUMBER OF VOLUNTEERS, MORE TRAINING ESPECIALLY FOR STATION

ADMINISTRATORS.

9. **GENERAL INFORMATION:**

Name of Person Completing Report: SGT. JULIE SUTTON

Phone Number: 858-694-2549   Mail Stop O-316   E-Mail JSUTTOSH@SDSHERIFF.COM

Volunteer Coordinator: SGT. JULIE SUTTON

Phone Number:_____ Mail Stop_____ E-Mail_____

10. **DEPARTMENT CERTIFICATION:**

DEPARTMENT HEAD SIGNATURE

for Wm B. Kolender

7/19/00
DATE